

INDEPENDENT SCHOOL DISTRICT NO. 162

401 FORM: EQUAL EMPLOYMENT OPPORTUNITY DISCRIMINATION GRIEVANCE REPORT FORM

Board Adopted: December 10, 2010

Board Revised: November 15, 2021

Board Reviewed: June 15, 2026

General Statement of Policy Prohibiting Equal Employment Opportunity Discrimination

Independent School District No. 162 maintains a firm policy prohibiting all forms of discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, as defined in *Minn. Stat. § 363A.03, Subd. 44*, age, family care leave status, or veteran status. All persons are to be treated with respect and dignity. Discrimination will not be tolerated.

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I have been discriminated against based on \_\_\_\_\_  
because \_\_\_\_\_

Date of alleged incident(s): \_\_\_\_\_

Name of person you believe discriminated against you or another person: \_\_\_\_\_

If the alleged discrimination was toward another person, identify that person: \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: any verbal statements; what, if any, physical contact was involved; etc. (attach additional pages if necessary): \_\_\_\_\_

Location of the incident(s): \_\_\_\_\_

List any witnesses that were present: \_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has discriminated against me or another person based on \_\_\_\_\_. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Complainant Signature)

\_\_\_\_\_  
(Date)

Received by: \_\_\_\_\_

\_\_\_\_\_  
(Date)